



Mariannette Miller-Meeks, B.S.N., M.Ed., M.D.  
Director

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

## Memorandum

To: Members of the Administration and Regulation Appropriations Subcommittee  
Fr: Iowa Department of Public Health  
Re: IDPH responses to questions relating to ODCP  
Date: February 8, 2012

---

### Questions and Response:

1. Can you describe the direct nexus with ODCP today?
  - \*IDPH and DPS are members of the Drug Policy Advisory Committee led by ODCP
  - \*We provide data for the annual Iowa Drug Control Strategy published by ODCP and IDPH specifically operates 3 of the strategy's data sources-ISMART/SARS/Central Data Repository, Iowa Youth Survey (IYS), and Outcomes Management System (OMS).
  - \*IDPH and DPS are members of ODCP's Prescription Drug Task Force
  - \*OCPD sought federal funding to upgrade and promote IDPH's Iowa Substance Abuse Information Center (ISAIC) website and 24/7 hotline
  - \*ODCP leads efforts related to methamphetamine and synthetic drugs and IDPH communicates this in its monthly Behavioral Health newsletter
  - \*IDPH and ODCP co-chaired the Underage Drinking Task Force and ODCP funds projects to reduce underage drinking at 10 community colleges, while IDPH funds substance abuse prevention in all 99 counties and underage/binge drinking in 23 "highest need" counties
  - \*IDPH participates in ODCP Drug Endangered Children activities, and both are members of the DHR Iowa Collaborative for Youth Development and support the State of Iowa Youth Advisory Council
  - \*DPS and ODCP are members of IDPH's Strategic Prevention Framework Advisory Committee
  - \*All three organizations and DHS interact with Family Drug Court and are members of the DHR Public Safety Advisory Board
  - \*Each work separately with the Iowa National Guard, Midwest Counterdrug Training Center, Iowa Alliance of Coalitions for Change, judicial districts and the Department of Corrections
2. Can you describe conflicts of interest and resolution among agencies?
  - \*IDPH is the single state authority for the \$14.6 M federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and \$7.6M in other federal funding for substance abuse services. IDPH is also responsible for \$17M in state general funds appropriation for substance abuse prevention and treatment and a projected \$851,000 in Sunday liquor sales funding. Through this funding, IDPH supports substance prevention and treatment services statewide through contracts with local providers, coalitions and counties.
  - \*There is tremendous collaboration, and little duplication as these agencies have developed and made efforts to avoid redundancy but promote coordination and collaboration.
  - \*A decade ago when ODCP became a separate agency, there was concern that combining prevention/treatment and enforcement related activities in one agency would generate conflicts and less effective programs. Because the agencies are currently separate, we do not have firsthand experience with this concern and ODCP helps to bridge these conflict areas.
3. What are advantages and disadvantages of merging?
  - \*IDPH and ODCP have worked to avoid duplication. For instance, ODCP has

led the past 3 years in substance abuse public safety issues of prescription drug abuse, pseudoephedrine tracking, and synthetic drug products.

\*Both agencies work on substance abuse prevention and transferring

If the projects and programs were shifted to another agency, there would need to staffing increases and funding transferred to continue these necessary functions.

\*ODCP is able to help leverage other grant opportunities and partnerships that help to facilitate our programs.

\*It may be possible to integrate all under one roof but it is unclear if this would create more efficiencies for those with whom we contract or unintended and unanticipated hurdles.